



KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS

Ernie Fletcher
Governor

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ENDORSEMENT FORM

APPLICANT INSTRUCTIONS: Complete the top section and forward to each state in which you hold or have held a license. You may make as many copies as you need.

Name: _____

Address: _____

Social Security #: ____ - ____ - ____ License Number: _____

Signature: _____

TO BE COMPLETED BY STATE LICENSURE AGENCY

1. Was your State the state of the applicant's original license? Yes ____ No ____
If no, what state? _____

2. Did the applicant take the National Institute for Hearing Instrument Studies written examination for licensure? Yes ____ No ____ If yes, please furnish the date and the total raw score. _____

3. Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes ____ No ____ Unable to Divulge _____

If yes, please explain on a separate page.

4. According to your records, has the applicant ever been disciplined by your Board, or other state agency? Yes ____ No ____ If yes, please explain on separate page.

Authorized Signature

Title

Date

State